Appendix G—Stakeholder Outreach/Education (Example)

The following diagrams depict a four page example of introductory **Stakeholder Informational/ Educational Outreach Forum** that may be conducted jointly by the Nevada HIE and Nevada REC. This initial outreach could have content Direct towards any major stakeholder or stakeholder group. The intent would be to initiate the stakeholder into the NV HIE program and drive adoption/participation. The Information Packet might include a narrative and agenda for an in person meetings, as well as any pertinent participant documentation being included on a CD/DVD that each attendee to the Forum can keep. This is followed by diagrams instructing **Specifications for NwHIN Direct Addressing**.

Page 1 – Sample Stakeholder Informational/Educational Outreach Forum

NV HIE

Nevada Regional Hospital Partners | NV HIE Core Technology Services

the Direct Project

CMS

Nextgen

GE Centricity

eClinicalWorks

Allscripts

Meditech

McKesson

Epic

Surescripts

Walmart

CVS

Rite Aid

Quest

LabCorp

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Nevada Department of Health and Human Services
Helping people. It's who we are and what we do.

Nevada Health Information Exchange

The Nevada Department of Health and Human Services
and the
Nevada Health Information Exchange (NV HIE)
invites you to
The NV HIE Stakeholder Forum:

Electronic Medical Records (EMR)
and
Health Information Exchange (HIE)

Improving Patient Care, Reducing Costs, and Driving Meaningful Use

Dear Nevada Health Information Exchange Stakeholders and Participants:

The Nevada Health Information Exchange (NV HIE) and Nevada Regional Extension Center (REC) cordially invites you and your office and support staff to attend a special forum. This *NV HIE Stakeholder Forum* will discuss you and your practice, hospital, clinic, pharmacy, laboratory, and related healthcare delivery services - improving patient care - and driving "Meaningful Use" and gaining cost savings and incentives through the use of Electronic Medical Records (EMR), CMS defined meaningful use of designated patient data, and your potential participation in the Nevada Health Information Exchange.

In order to help accommodate your busy schedule, we are offering this NV HIE Forum at various times throughout the week. It will held at community centers, including affiliated hospitals, public buildings and university conference centers to be named shortly.

The sessions will be held on Tuesday, August 9 – Thursday, August 11 – and Saturday, August 13, 2011 – in a conference area and location to be identified shortly. Morning sessions will run from 9:00am to 11:00am – and afternoon sessions will run from 1:00pm – 3:00pm. Each session will be followed by refreshments and networking with your peers and the NV HIE and REC executive leadership and project teams.

The program will discuss Meaningful Use and the importance of electronic medical records (EMR) and health information exchange (HIE) - and what this means to your practice, hospital, or healthcare services and your patient's care. The session will be lead by NV HIE Executive Director, HIE CEO NAME HERE – and Nevada HHS Healthcare Information Technology Director, Lynn O'Mara. Subject matter experts will be on hand to discuss and answer your questions, as well as provide you perspective on participating in the NV HIE.

The healthcare organizations brand names appearing on this page, which may include your partner or affiliated hospital or health care system, labs, pharmacies, or other vendors, are already active participants in The Nevada Health Information Exchange, sharing patient information across Nevada, driving for HIE adoption and realization of Stage 1 Meaningful Use by the end of 2011. Your participation in the NV HIE is vital to it's ultimate success and improving healthcare to the entire state of Nevada, as well as reaching your Meaningful Use, fiscal, and patient care objectives.

In order to register yourself and any member of staff and or associates, please send an email, stating your name, position, contact number, and the session you plan to attend to Mr. John Smith at the Nevada REC at john.smith@nvrec.org, or call 775-555-1234, etc 4500. You may attend more than one session – and office staff and physicians may attend the same session.

Thank you for your attention - we look forward to welcoming you to one of these NV HIE Forum sessions.

Very truly yours,

Lynn O'Mara – XXX

NV HIE

Nevada | NV HIE
Regional | Core
Hospital | Technology
Partners | Services

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AGENDA

- Welcome / Introductions

- Nevada Health Information Exchange Overview
    - How NV HIE Came About
    - Current Structure / Governance
    - How the NV HIE Works (EMR, Process, and System Overview
    - Funding, Goals, Objective

- Impact of Meaningful Use On Your Organization

- How Can Participating in NV HIE Help Your Organization and Patients?

- Close/Comments

- Q&A

- Next Steps

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Nevada
Health Information Exchange
NV HIE Participant Documentation

1. Connectivity Guide
2. Lab Guide
3. ePrescribing
4. NV HIE and Meaningful Use
5. NV HIE Initiative Overview
6. Misc Materials

The following diagrams illustrating **Specifications for NwHIN Direct addressing** instructions can be applied to any current or future section of this plan that incorporates NwHIN Direct connectivity, and can be included in stakeholder outreach and education forums.

Health Internet Addresses consist of a Health Domain Name portion, which is a fully qualified domain name, and a Health Endpoint Name. The intent of a Health Internet Address is to provide a method of routing from an origination point to the addressed recipient, not to provide a single, definitive ID for the intended recipient. The same real-world person may have multiple Health Internet Addresses (e.g. one address for each practice location, multiple addresses for different processing purposes such as labs, routed to the EHR, vs unstructured messaging, routed to the secure messaging client and copied to the chart).

Health Domain Name

A Health Domain Name is a string conforming to the requirements of RFC 1034.

A Health Domain Name identifies the organizations that assigns the Health Endpoint Names and assures that they correspond to the real-world person, organization, machine or other endpoint that they purport to be. Example: nhin.sunnyfamilypractice.example.org. A Health Domain Name MUST be a fully qualified domain name, and SHOULD be dedicated solely to the purposes of health information exchange.

Organizations that manage Health Domain Names MUST maintain NHIN Direct HISP Address Directory entries for the Health Domain Name, as specified by the Abstract Model, and corresponding to rules established for concrete implementations of the Abstract Model.
Organizations that manage Health Domain Names MUST ensure that at least one concrete implementation of the HISP to HISP abstract transaction is available for each Health Endpoint Name.
Organizations may take on the HISP role or assign this function to another organization playing the HISP role.

Health Endpoint Name

A Health Endpoint Name is a string conforming to the local-part requirements of RFC 5322

Health Endpoint Names express real-world origination points and endpoints of health information exchange, as vouched for by the organization managing the Health Domain Name. Example: drsmith (referring to in individual), sunnyfamilypractice, memoriallab (referring to organizational inboxes), diseaseregistry (referring to a processing queue).

Source: Direct Project Addressing Specification
http://wiki.directproject.org/Addressing+Specification#Examples

Security Considerations

HIPAA and other typical health care HIT procedures/protocols for protecting PHI and other patient clinical data.

Examples

This section is non-normative.

Health Internet Addresses may be formatted in the following ways:

Format
Formatting rules
Example
Notes
Email Address
Health Endpoint Name + "@" + Health Domain Name
drsmith@nwhin.sunnyfamilypractice.example.org

XD* Metadata
Email Address in <need details for updated XDR spec>
<TBD>

Source: Direct Project Addressing Specification
http://wiki.directproject.org/Addressing+Specification#Examples